MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11832

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Leonardtown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Janice (Middle) Marie (Last) Adams

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Aug 19 1949 | 9. AGE last birthday: 3 yrs. | IF UNDER 1 YEAR: Months / Days 1 28 | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): child | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George P. Adams | 14. MOTHER'S MAIDEN NAME: Sarah Shepherd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: George P. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 784.5 (a) Idiopathic Tetany — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hereditary Factor. 3 brothers and sisters pre-
DUE TO (c) viously died of identical condition with negative autopsy findings.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7, 1952, to 10/8, 1952, that I last saw the deceased alive on 10/7, 1952, and that death occurred at 2.30 P.M., from the causes and on the date stated above.

SIGNATURE: Robert T. Fuchs | (Degree or title) M.D. | ADDRESS: Leonardtown, Md. | DATE SIGNED: 10/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 9 1952 | NAME OF CEMETERY OR CREMATORY: Holy Face | LOCATION (City, town, or county) (State): Great Mill St Marys Md

DATE REC'D BY LOCAL REGISTRAR: 10/8/52 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Jos. C. Mattingley | ADDRESS: Leonardtown Md

RECEIVED
OCT 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ____

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 26 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) R.F.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Butler
14. MOTHER'S MAIDEN NAME: Elizabeth Jenifer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John A. Brooks Mechanicsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary embolism

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) coronary thrombosis

DUE TO (c)

Interval Between Onset And Death: 10 min.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1952 to Oct 6, 1952, that I last saw the deceased alive on 6 Oct, 1952, and that death occurred at 1220 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Michael Barbarish MD. ADDRESS Leonardtown DATE SIGNED Mar, Oct 6, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 10 1952
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) New Market St Marys (State) Md
DATE REC'D BY LOCAL REGISTRAR 10/8/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11834

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Rebecca (Last) Butler

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1952

5. SEX: F

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 20 1898

9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months 6 Days 4 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fenwick

14. MOTHER'S MAIDEN NAME: Rebecca Leach

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Willie Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Gangrene, right leg — Interval Between Onset And Death: 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Diabetes — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 21/52

19b. MAJOR FINDINGS OF OPERATION: Endarterectomy, obturator

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Oct 24, 1952, that I last saw the deceased alive on Oct 23 1952, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE P J Beam | (Degree or title) MD | ADDRESS Great Mills Md | DATE SIGNED Oct 29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 27-52 | NAME OF CEMETERY OR CREMATORY St James | LOCATION (City, town, or county) Director Dameron (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-25-52 | REGISTRAR'S SIGNATURE P J Beam, M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C Mattingly | ADDRESS Leonardtown Md

VS. A15

RECEIVED
OCT 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11835

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (First) Annie (Middle) M. (Last) Chapman

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9 - 1 - 1877

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Biscoe

14. MOTHER'S MAIDEN NAME: Jane Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Charles R. Chapman - California, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

502.1

Immediate cause (a) Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic Bronchitis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 19 52, to 10 27, 19 52, that I last saw the deceased alive on 10 26 52, 19....., and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E. L. Thompson M.D. ADDRESS Leonardtown Md. DATE SIGNED 10 29 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10-30-52

NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery

LOCATION (City, town, or county) (State): Great Mills, Md.

DATE REC'D BY LOCAL REG. 10-29-52

REGISTRAR'S SIGNATURE: P.J. Geary M.D. Local Registrar

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
OCT 31 1952
BUREAU V. S.

Item 8 FilmG147 10/24/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11836

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue Rural
LENGTH OF STAY (in this place) 27 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Rosa Elizabeth Collins.

4. DATE OF DEATH: (Month) (Day) (Year) October 15 1952

5. SEX: fem.
6. COLOR OR RACE: col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan 10 - 25
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Clark.
14. MOTHER'S MAIDEN NAME: Maywoodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent cause(s) (b) Acid clot of artery
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1952, to 10-15, 1952, that I last saw the deceased alive on 10-14, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (DEGREE OR TITLE) Md ADDRESS Avenue Md DATE SIGNED 10-15-52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF 10-18-52
NAME OF CEMETERY OR CREMATORY Land Heart
LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REG. 10-15-52
REGISTRAR'S SIGNATURE R. V. Palmer
24. FUNERAL DIRECTOR Joseph C. Mattingly Lincoln ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

T

RECEIVED
OCT 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Ignatius (Last) Dyson
4. DATE OF DEATH (Month) October (Day) 25 (Year) 1952
5. SEX M
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 6, 1901
9. AGE last birthday 51 yrs. If under 1 year Months 4 Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Dyson
14. MOTHER'S MAIDEN NAME unkown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-12-5068
17. INFORMANT AND ADDRESS Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple extreme injuries — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Park Hall (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 10 (Day) 25 (Year) 52 (Hour) 8.6 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide , undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Leighton Park, Md DATE SIGNED 10/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 29
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) Dameron (State) Md
DATE REC'D BY LOCAL REG. Oct 28
REGISTRAR'S SIGNATURE Camalier 1952
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park, Md.
LENGTH OF STAY (In this place) 2 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY USNAS PATUXENT RIVER, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park, Md.
STREET ADDRESS (If rural give location) 25 Chin Lee, Center Gardens

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Briant Anthony EDWARDS

4. DATE OF DEATH (Month) (Day) (Year) OCT. 19 1952

5. SEX Male

6. COLOR OR RACE Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH July 29, 1952

9. AGE last birthday yrs. If under 1 year Months 2 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ivan (n) EDWARDS

14. MOTHER'S MAIDEN NAME Mary HASSETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Ivan (n) EDWARDS, Lexington Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to suffocation — immediate

9:10 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Md. ADDRESS Lexington Park, Md. DATE SIGNED 10/19/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 10/21/52 NAME OF CEMETERY OR CREMATORY Little Flower LOCATION (City, town, or county) (State) Great Mills, Md

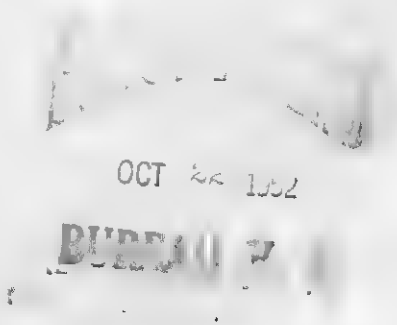
DATE REC'D BY LOCAL REG. Oct 20/52 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Ivan Edwards, Father ADDRESS

9V7291099V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


OCT 2K 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) St Mary's City — LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Mary's City
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) — (Last) Gasparovic

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 11-1891

9. AGE Last birthday: 60 yrs. — IF UNDER 1 YEAR: Months 11 Days 4 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Road building

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Gasparovic

14. MOTHER'S MAIDEN NAME: Elizabeth Rukusky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Anna Gasparovic

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval Between Onset And Death: 8 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary occlusion — 11 years
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1941, to Oct. 14, 1952, that I last saw the deceased alive on 10-14, 1952, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Bean, M.D. — ADDRESS Great Mills — DATE SIGNED 10-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 17 1952 — NAME OF CEMETERY OR CREMATORY Holly Face — LOCATION (City, town, or county) Great Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-14-52 — REGISTRAR'S SIGNATURE P.J. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

VS. A15

OCT 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown — MARYLAND — LENGTH OF STAY (in this place) 3 Weeks — HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys' Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville — STREET ADDRESS (If rural give location) R. F. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Gunn

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single — 8. DATE OF BIRTH: — 9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer by Wife — 10b. KIND OF BUSINESS OR INDUSTRY: Private Home — 11. BIRTHPLACE (State or foreign country) Maryland St Marys — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nace Gunn — 14. MOTHER'S MAIDEN NAME: Louise Mason

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Douglas Watts 212 N Eden Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) Azotemia — Interval Between Onset And Death: 3 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Pyelonephritis — 2 yrs

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1952, to Oct 28, 1952, that I last saw the deceased alive on Oct 28, 1952, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE Roy Luther, M.D. (Degree or title) — ADDRESS Mechanicsville — DATE SIGNED 10/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 31-1952 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) Holly Wood St Marys — (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/30/52 — REGISTRAR'S SIGNATURE Lancaster

24. FUNERAL DIRECTOR Jos C. Mattingly — ADDRESS Leonardtown Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 7 1/2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location) #44 Rennell ave.

3. NAME OF DECEASED: (Type or Print) (First) Altan (Middle) Thompson (Last) Kimbletan

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 21, 1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months 3 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.
11. BIRTHPLACE (State or foreign country): Bland County - Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles N. Kimbletan
14. MOTHER'S MAIDEN NAME: Neoma Harman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Lessie Kimbletan

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

			Interval Between Onset And Death
592X Immediate cause	(a) DUE TO	Uremia	2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Chronic Nephritis	5 years
	(c)	Hypertension -	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart failure. Osteomyelitis Rt leg — 2 mos.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1952, to 10-23, 1952, that I last saw the deceased alive on 10-23, 1952, and that death occurred at 8:10 AM from the causes and on the date stated above.

SIGNATURE Wm H Patrick (Degree or title) M.D. ADDRESS Lexington Park Md. DATE SIGNED 10-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/25/52
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) Baltimore City (State) Md
DATE REC'D BY LOCAL REGISTRAR 10/24/52
REGISTRAR'S SIGNATURE Carnalles
24. FUNERAL DIRECTOR Jos. P. Mattingley ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Martin

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colord
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 18-1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 8 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Care Taker on Farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs Mabel B. Wilson 107-15th street apt a wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Chronic Nephritis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis - generalized

DUE TO (c) Senility

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1952, to 10/6, 1952, that I last saw the deceased alive on 10/6, 1952, and that death occurred at 6.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Edwards M.D. ADDRESS [illegible] DATE SIGNED 10/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 9-1952
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bush Wood, St Marys, Md.
DATE REC'D BY LOCAL REGISTRAR 10/8/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Edgar (Last) Stone

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/ 18 /1879

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Stone

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Ada E. Stone - Ridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerosis — Interval between onset and death: 6 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 10-18, 1952, that I last saw the deceased alive on Oct 17 1952 and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) P.J. Beany MD. — ADDRESS Great Mills, Md. — DATE SIGNED 10-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/21/52 — NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery — LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REG. 10-20-52 — REGISTRAR'S SIGNATURE P.J. Beany MD. Local Registrar

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. — ADDRESS

OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL OR nnd give nearest town) TOWN California
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frank (Last) Thomas , Sr.

4. DATE OF DEATH: (Month) 10/ (Day) 9 / (Year) 19 52

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6/ 30 /1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.: -------

17. INFORMANT & ADDRESS: Wm. F. Thomas, Jr. - California, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause — (a) Coronary Occlusion — Interval between onset and death: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Chronic Hypertension & Hypertensive Heart dis. — Several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1952, to 10/9, 1952, that I last saw the deceased alive on 9/30, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Robert T. Fuchs (DEGREE OR TITLE) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 10/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10/11/ 52

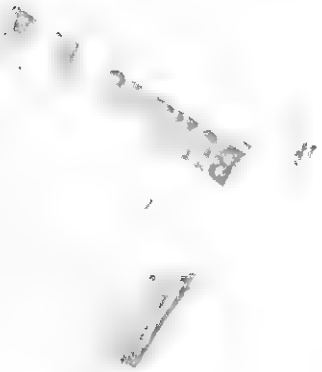
NAME OF CEMETERY OR CREMATORY Holy Face Cemetery

LOCATION (City, town, or county) (State) Great Mills, Md.

DATE REC'D BY LOCAL REG. 10/10/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11845

CERTIFICATE OF DEATH

Reg. Dist. No. 2 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) Daniel (Last) Vazzana

4. DATE OF DEATH: (Month) 10- (Day) 30 - (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3 - 13 - 1907

9. AGE last birthday: 45 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY: Medicine

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Vazzana

14. MOTHER'S MAIDEN NAME: Josephine Balletta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.: 215-28-2259

17. INFORMANT & ADDRESS: Mary T. Vazzana - Chaptico, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1952, to 10/30, 1952, that I last saw the deceased alive on 10/30, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Roy Snyder, M.D. ADDRESS Mechanicsville, Md DATE SIGNED 10/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-1 - 52
NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
LOCATION (City, town, or county) (State): Morganza, Md.

DATE REC'D BY LOCAL REG. 10/31/52
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11846

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland . COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Roger (Middle) Williamson (Last) Sr
4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Mohammedan
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Jan 16-1907
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Wayne Ind
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henery Williamson Sr
14. MOTHER'S MAIDEN NAME: Martha Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Army
16. SOCIAL SECURITY No.: 225-10-5589
17. INFORMANT & ADDRESS: Mrs Florence Williamson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
0027
Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 6 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18 ..., 1946, to 10/14 ..., 1952, that I last saw the deceased alive on 10/14 ..., 1952, and that death occurred at 10 am P/M, from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert F. Fuchs, M.D. ADDRESS Leonardtown Md. DATE SIGNED 10/16/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF Oct 18-1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Md
DATE REC'D BY LOCAL REGISTRAR 10/17/52 — REGISTRAR'S SIGNATURE Carmalee
24. FUNERAL DIRECTOR ADDRESS Jos C Mattingley Leonardtown Md

RECEIVED
OCT 20 1952
BUREAU V. S.